



**Form
CG-1**
State Form 45380
(R2/03-05)

Indiana Department of Revenue Charity Gaming Qualification Application

Do Not Write Above

◀ Please allow 8 weeks for processing. If the application is incomplete, it will be returned and processing will be delayed. ▶

| | | | |
|--|--|---|--|
| 1. Name of Organization (Please type or print) | | 2. Daytime Telephone Number () | |
| 3. Federal Identification Number (FID) | | 4. Indiana Taxpayer Identification Number (TID) | |
| 5. Street Address of Principal Office (Required) | | 6. P.O. Box Number (If applicable) | |
| City | State | Zip Code | County |
| 7. Check the type of organization: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Religious</div><div><input type="checkbox"/> Educational</div><div><input type="checkbox"/> Civic/Fraternal/Charitable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Veterans</div><div><input type="checkbox"/> Senior Citizens</div><div><input type="checkbox"/> Political</div></div> | | | |
| 8. Applicant Organization Information a. Date organization formed (mm/dd/yyyy): ____ / ____ / ____ A copy of the organization's bylaws, conditions, or articles of incorporation must be attached. b. Is your organization exempt from federal income tax under Section 501 of the Internal Revenue Code? <input type="checkbox"/> Yes If you answered Yes, attach a copy of the favorable tax exempt status letter from the Internal Revenue Service. <input type="checkbox"/> No If you answered No, your organization is not eligible to conduct Charity Gaming in the State of Indiana. c. Date incorporated (mm/dd/yyyy) (If not incorporated, enter N/A): ____ / ____ / ____ d. How many years has the organization been in active, continuous existence? ____ One internal document and two external documents for the current year and five previous years must be attached for verification. See instructions on page 3. e. Number of active members (must be a membership organization): ____ | | | |
| 9. Name and Address of Current Officers (attach additional sheets if necessary) | | | |
| Name | Address (Street, City, State, Zip Code) | Title | County of Residence & Home Telephone Number |
| | | | County: () |
| | | | County: () |
| | | | County: () |
| | | | County: () |
| | | | County: () |
| | | | County: () |

10. National or State (Parent) Organization Information

a. Is your organization affiliated with a national or state (parent) organization?

☐ Yes If you answered Yes, complete 10b and 10c.

☐ No If you answered No, go to number 11.

| | | | | | |
|---|-------|----------|--------|-------------------------------------|--|
| b. National or State (Parent) Organization Name | | | | Federal Identification Number (FID) | |
| Street Address of Principal Office (Do not enter a P.O. Box Number) | | | | | |
| City | State | Zip Code | County | Telephone Number () | |

c. How many years has the *parent* organization been in active, continuous existence? _____

11. List the proposed operators of your charity gaming events. (This section must be completed entirely - attach additional sheets if necessary.)

Note: All workers must be Indiana residents or meet the criteria prescribed under 45 IAC 18-1-43.

| Name | Home Address (Street, City, State, Zip Code) | Social Security Number | Date of Birth | Daytime Telephone Number | No. Active Years/Group | Member | Bartender |
|------|---|---------------------------|------------------|-----------------------------|---------------------------|--------|-----------|
| | | | | () | | | |
| | | | | () | | | |
| | | | | () | | | |
| | | | | () | | | |

12. Certification

We certify under penalty of perjury that the organization applying is a qualified organization, and there are no misrepresentations or falsifications in the information stated. We certify that to the best of our knowledge the operators of the charity gaming event have not been convicted of any felonies. We understand that false or misleading statements will cause rejection of this application or revocation of future license(s).



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13. Signature of Officer Officer's County of Residence Telephone No. Date

Printed Name of Officer



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Signature of Secretary Secretary's County of Residence Telephone No. Date

Printed Name of Secretary

Mail Completed Form To:
Indiana Department of Revenue
Charity Gaming Section
100 North Senate Avenue, Room N-203
Indianapolis, IN 46204
Do Not Send a Payment With This Form

Charity Gaming Qualification Application

Nonprofit organizations planning to hold charity gaming activities are required by the Indiana Department of Revenue to complete an Indiana Charity Gaming Qualification Application, Form CG-1. The purpose of this application is to verify that your organization meets the legal qualifications necessary to conduct charity gaming activities.

Charity Gaming Publication 2, available from the Department, discusses the rules and regulations concerning legal gaming in the State of Indiana. Please contact us at (317) 232-4646 if you would like to have a copy sent to you, or download it from our website, www.state.in.us/dor/charity/pdfs/publication2.pdf.

You must complete a license application for each specific type of charity gaming license that you want. However, additional license applications cannot be processed unless a valid Indiana Charity Gaming Qualification Application (CG-1) is on file with the Department. If this application is incomplete, it will be returned to you, and processing of any additional license application(s) will be delayed.

Line 1 - Enter information about your organization. **Charity gaming events must be conducted in the county where the principal office is located** (see note on page 4).

Line 2 - Enter your organization's telephone number.

Line 3 - Enter the Federal Identification Number (FID) assigned to your organization by the Internal Revenue Service.

Line 4 - Enter your Indiana Taxpayer Identification Number (TID). This is the same number assigned to your withholding or sales tax account established with the Department.

Line 5 - Enter the physical street address for your organization. Do not use a P.O. Box. The mailing address of your principal office must be the same as the street address listed with one of the following agencies:

- For a corporation, the street address of the corporation listed with the Indiana Secretary of State.
- For other organizations, the street address of the organization listed with the Internal Revenue Service, the Indiana Department of Revenue, or the county board of review for tax exempt purposes.

If your organization has no permanent address and the locations on file with the appropriate agencies are no longer valid, you must contact the Nonprofit Section at (317) 232-2188 to change the legal address that is on file.

Line 6 - Enter your organization's P.O. Box address, if applicable.

Line 7 - Check the box that applies to the primary purpose for which your organization was formed. If your organization was formed for a purpose other than those listed, you might not meet the qualifications to conduct charity gaming events.

Line 8 - Enter information about the applicant organization.

a) Enter the date your organization was formed. You must attach a copy of the organization's bylaws, constitution, or articles of incorporation.

b) Check Yes or No to indicate whether your organization is exempt from federal income tax under Section 501 of the Internal Revenue Code. If you answer Yes, you must attach a copy of the favorable tax exempt status letter from the Internal Revenue Service. **If you answer No, your organization is not eligible to conduct Charity Gaming in the State of Indiana.**

c) Enter the date your organization was incorporated. If your organization is not incorporated, enter N/A.

d) Enter the number of years that the organization has been in active, *continuous* existence. Verification for the current year and five previous years of existence must be attached. There is no one set of standards that will accurately show an organization's five years of continuous existence every time.

Relevant facts in determining continuous existence must include both internal and external documents, and could include the following items:

Internal Documents

- ◆ Minutes of meetings
- ◆ Dues receipts
- ◆ Internal audit
- ◆ Bylaws that are dated
- ◆ Amended bylaws
- ◆ Descriptions and results of fund-raising activities for the last five years

External Documents

- ◆ Indiana Forms IT-35AR and IT-20NP
- ◆ Federal Form 990 and/or 990T, if applicable
- ◆ Bank statements
- ◆ Dated newspaper articles
- ◆ Any type of dated state or local licensing permits, such as alcoholic beverage licenses and registration with the Secretary of State's Office
- ◆ Account payables, including copies of dated invoices
- ◆ Account receivables, including copies of dated invoices
- ◆ Utility bills
- ◆ Dated leases
- ◆ Canceled checks (representing each of the five years)
- ◆ Dated articles of incorporation
- ◆ Amended articles of incorporation
- ◆ Affidavits or letters of confirmation from the national or parent organization on organization letterhead

If you need assistance in determining which combination of the above records you need to attach to this application, please contact us at (317) 232-4646.

e) Enter the number of active members in your organization. Your bylaws must define membership.

Line 9 - Enter the name, address, county of residence, title, and home telephone number of your current officers; attach additional sheets, if needed. You must notify the Department in writing each time new officers are elected or appointed.

Line 10 - Enter information about the national or state (parent) organization.

a) If your organization does not have a national or state (parent) organization, check "No" and continue to Line 11. If your organization is affiliated with a national or state (parent) organization, complete Lines 10b and 10c.

b) List the name, street address, city, state, zip code, county, daytime telephone number and federal identification number (FID) of the national or state (parent) organization.

c) Enter the number of years the national or state (parent) organization has been in active, continuous existence.

Note: If your organization has been in existence for less than five years, your state (parent) organization must have been in existence for at least five years. If this is the case, you must attach verification of continuous existence (detailed in the Line 8 instructions) for the state (parent) organization.

Note: If your parent organization is a nationally-recognized parent organization, that organization may need to provide verification of twenty-five years of existence and additional information as needed, according to legislative changes to IC 4-32-9-21.

IC 4-32-9-2

(1) If a qualified organization is affiliated with a parent organization that:

(a) is a nationally recognized charitable organization;

(b) serves a majority of counties in Indiana; and

(c) has been in existence for at least twenty-five (25) years; the principal office shall be deemed to be present in every county served by the organization.

Line 11 - You **must** list all potential operators who might manage your gaming events. Operators may not have been convicted of a felony within the last ten years. The information provided on this form will be cross-checked against felony records.

A qualified operator must be at least 18 years old and a member in good standing with your organization for at least one year before managing your gaming event. In addition, operators must not have managed a gaming event for any other organization in the same calendar month your event is scheduled to be held.

Line 12 - Please carefully read Line 12 and make sure that you agree with the information on Line 12 before you sign the application.

Note: Once a year a qualified organization holding an annual convention of its own (or its affiliates') membership may hold a charity gaming event in an Indiana county other than the county of its principal office. A note to this effect must be attached to the particular gaming event license application. See Publication 2, Charity Gaming Information, for more details.

Line 13 - This application must be signed and dated by an Officer and the Secretary. Unsigned applications will be returned for signatures and will delay processing.